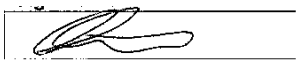
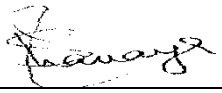
Southern Health NHS Foundation Trust

STANDARD OPERATING PROCEDURE (SOP)

SOP Number: NCP/R&D_013

SOP Title: Research and Development Safe Working Practices

Role	Name	Signature	Date
SOP Author	Elizabeth Graves – Research Facilitator		18 August 2017
SOP Reviewer	Dr Peter Phiri – R&D Manager		25 August 2017
SOP Authoriser	Dr Shanaya Rathod – R&D Director		25 August 2017
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1	01-Sep-17	Initial Version	
2			

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1. PURPOSE AND CONTEXT

This document outlines the Safe Working Practices for all studies undertaken within the Research and Development Department in Southern Health NHS Foundation Trust. It describes the general procedures for the research and specific safe working practices. Trial procedures have to be rigorous but personal safety outweighs all other concerns.

This document has been amended from the FOCUS Trial Safe Working Practices document, which was developed in consultation and with reference to safety procedures from the Southern Health NHS Foundation Trust **lone working procedure** SH NCP 24 and the Research and Development Lone Working Safe Practices (NCP-R&D_012).

Please read the whole document then sign and return Appendix G to your line manager to confirm that you have read and understood all procedures and recommendations within it.

2. PROCEDURE and RESPONSIBILITIES

2.1. Screening and Assessment

The Researcher must contact the Care Coordinator or screen the patient record to get the following information:

- Is there an **Individual Risk Plan?**
- Does the service user use **Crisis Services** and is there a **Crisis Care Plan**?
- Any risk information concerning the service user is communicated internally to all relevant staff who may work with the service user
- **Risk assessments are only valid for a two week period for initial assessments.**
- **For follow up assessments, where the individual is known to the research team and there are no previous concerns around risk, risk assessments are valid for four weeks.**

When risk assessments are not available

There are times, for example in some physical health studies where up to date risk information is not available. Where up to date risk assessments are not available lone home visits may only be completed if confirmed via the local PI for the relevant study that home

visits, without risk assessments are suitable. This must be done in writing and be in the study site file.

2.2. Research with Service Users

Prior to arranging to meet the service user, an assessment of risk should be carried out to help decide on the most suitable location to meet the service user. Many of the visits carried out within research trials may take place in the service users' home to help attendance at appointments. A full assessment of risk issues should be conducted before arranging to meet the service user at their home, taking into account both service user and environmental factors (see below). If there are any doubts about personal safety then they must be visited in pairs (if safe to do so) or alternative arrangements will be made. Safe Working Practices must also be followed by escorts who are accompanying researchers on visits.

a) SERVICE USER FACTORS

- RiO records or the care co-ordinator or persons with the most recent contact with the service user should be contacted and the Risk Assessment Checklist (see appendix A & B) should completed. If any concerns are noted the Care Co-ordinator should be asked about the service user's current mental state, their current level of distress and any known risk factors or potential problems. They should also be asked whether it is safe for the service user to be visited at home by a lone female, whether it is safe to visit in twos or whether it is best to see the service user at a clinic.
- If there are any concerns about visiting the service user, (eg environment unsafe [see below], history of violence, unstable or unpredictable behaviour or complaints about researchers) then they should be visited in twos or they should be met at a clinic. This is regardless of whether the Care Co-ordinator has stated it suitable to visit alone.
- NB decisions about risk should not be based on whether visiting with an escort would delay completing an assessment/ therapy.
- Always check risk issues out with your project lead. If your project lead is unavailable contact your clinical supervisor or line manager.
- All parties in contact with the service user must be informed of any identified risk factors that might place someone visiting the service user in danger.
- If you feel uncomfortable for any reason, make your apologies and leave. Do not feel pressurized to carry on.

b) ENVIRONMENTAL FACTORS

- Assess via the RiO record or with the care co-ordinator and others familiar with the area any environmental risk factors when visiting a service user.
- Extra caution should be taken when visiting in the dark. If it is not safe to visit alone in the dark visits should be made in twos, or in the daytime.
- Find out about the service user's accommodation. If access is difficult, visit in pairs or arrange an alternative meeting place. Any obviously Mental Health Services parking permit stickers are to be removed from car windscreens.

- Check via RiO or with the Care Co-ordinator any potential risk from other family members, visitors and pets at the service user's home. You should try to interview service users on their own, unless the study requires additional people to be present. Additionally if a service user would rather have someone else with them during the interview, this is fine. If they have visitors then the researcher should offer to come back at a more suitable time or wait in the car, i.e. use excuses as necessary.
- If the service user has a dog, ask that it be contained in another room for the duration of the interview to avoid likelihood of any bites or attacks
- If possible, schedule visits to problem areas for particular times of the day, such as the morning when parents are around taking children to school.
- All assessments of risk should be completed before each planned visit. Researchers should always enter a situation with potential risk in mind, even if none was reported, and also use their gut instinct.

c) MEETING AT A CLINIC

- If the service user has agreed to a meeting at an NHS site then there are still important things to do to ensure personal safety.
- Undertake a Risk Assessment via RiO or with Care Coordinator before the meeting with the service user.
- The clinic staff should be informed of whom you are seeing so that they can also keep an eye on your safety.
- Ensure that a room is available for you to use for the time you need.
- It is important to know if the clinic has any security systems in place and how to use them.
- Find out how to summon help (raise an alarm) as quickly as possible i.e., if there is anyone in a room nearby who can be called upon for assistance.
- Ensure the visit is at a time when staff will be around. For example, not on Friday afternoons as staffing may be low.
- Ensure that your outlook calendar is updated with your visits and that your colleagues have access to this calendar so they are aware of your visits.

d) HOME VISITS

When going on home visits it is important that you action the following

General

- If there is a history of harm to others, anywhere in the past, appropriate measures should be put in place. These should reviewed and agreed by the local collaborator or PI and could include; speaking to the care coordinator about current risk, visiting in pairs or seeing in an NHS

or voluntary services site. Outcomes of these discussions must be noted in the site file and participant research notes (if applicable).

- Ensure that your car is insured for work purposes.
- Dress appropriately for the area or service user to be visited to ensure that you don't become a target.
- Wear shoes and clothes that do not hinder movement or your ability to run away in an emergency.
- Think about whether you need to carry everything in a large bag or can leave some things locked in the boot of your car.
- Ensure that your means of communication and any personal alarms are working and accessible e.g. your phone is charged and you have a signal. Programme your Buddy's into your mobile phone so that pressing one button can ring it. If you are going to a property where there is no mobile signal, decisions about visiting should be based on an individual risk assessment, agreed with your line manager. Remember to inform your Buddy of the decision.
- Ensure your vehicle has sufficient petrol and is well maintained.
- Park as near as is practicable to the address to be visited, in such a position as to be able to drive straight off and in a well-lit area at night.
- Avoid, as far as possible, waste ground, isolated pathways and subways, particularly at night.
- Be aware of the nearest place of safety such as shops.
- It is not advisable for researchers to give lifts to service users or to carry out sessions in their cars. If asked, you can say that it is against NHS and University policies to do so, i.e. you are not refusing them you are simply not allowed.
- If necessary, at the end of a visit when calling in to report to the Buddy park up out of sight of the service user (i.e. round the corner) to make the call, to avoid raising unnecessary suspicion.

When arriving at a service user's home:

- Assess the situation on approach and be prepared to abandon or postpone the visit if in doubt of your safety.
- Stand well clear of the doorway after ringing or knocking. Stand sideways on so that you present a narrow, protected target.
- Show identity badges or a NHS/ university ID card, but do not wear them as this may make you a target.
- Let the service user know (honestly) how much of their time you will need.
- Do not enter a location if you are uneasy about your safety. Make an excuse not to go in if the person answering the door gives any cause for concern, for example if they are drunk, if the service user is not in, or a potentially dangerous relative is present.
- Wait to be invited in or at least ask if you can go in. Follow the occupants in when entering houses and other buildings.
- Check as you go in how the front door locks.
- Study your surroundings. Look for an exit.

- Don't spread your belongings around. You may need to leave in a hurry. In an emergency leave your belongings. Personal safety is more important than confidentiality.
- Remain aware of the behaviour of all persons in the house, looking for any signs or signals that may indicate a potential problem.
- Remain aware of the environment and maintain escape routes in case problems arise.
- Treat service users courteously, remembering that you are a guest in their home
- If at any time during the visit you have any concern for your safety, make your excuses and leave. Have some set phrases so you don't have to think on your feet, ones that you feel comfortable with.
- If an escort is accompanying they will be able to assess the surroundings more vigilantly than the interviewer. There will need to be some agreement between interviewer and escort prior to the visit as to how the escort can communicate any problems that may arise during the visit with which they feel uncomfortable. This could be a code word or phrase which suits both parties. [See Section 5.4 of the Trust Lone Working Procedure; Code Words] For example, the escort could say "*I'm just keeping an eye on the time, we do need to remember to get back to the office in time for that meeting*" as way of an excuse. See page 13 for a description of the role of the escort on joint visits.

e) MOBILE PHONE OUT OF HOURS CONTACT

Work mobile phones should be switched off outside of normal office hours and at weekends (unless out of hours visiting has been arranged). Researchers should ensure all work mobile phones have an appropriate message to direct service users to emergency contact details. Due to the possibility of changes in local out of hours contact numbers and the number of teams researchers are working in, it is suggested that the answer phone message directs service users to contact their care co-ordinator in the first instance or if this is not possible to call NHS direct or go to their local A&E department in an emergency.

An example answer phone message could be:

"I am not able to take your call at the moment. If you need to speak to someone regarding a research project, please leave a message or call back in normal working hours. If you are a participant and need to speak to someone urgently, please call your care co-ordinator. If this is not possible you can ring NHS direct on 111 for help and advice, or if it is an emergency please go to your nearest A&E department."

2.3. Procedure for safety checking – Buddy System

The Lone Working Procedure SH NCP 24; and the Research and Development Lone Working Safe Practices NCP-R&D_012 must be adhered to for all home visits, even if visiting in pairs.

For your safety it is essential that a person who is nominated to be your Buddy is aware of your visits and the details of this visit.

On the day of the visit, the researcher should telephone their safety check buddy or the safety phone number to say they are going on the visit and confirm they have received the following information via NHS.net

(see Appendix C for template safety check form)

(1) Service user's name and address.
(2) Service user's home telephone/mobile phone number if available.
(3) Time of appointment.
(4) Check-in deadline (expected end of visit)
(5) Name and contact number of service user's CPN or Care Co-ordinator, or someone else who knows the service user and is involved with their care (eg. GP).
(6) Names of researchers who will be making the visit, including escorts
(7) Description and registration number for the car which the researchers will be travelling in.
(8) Mobile numbers of researchers making visit.
(9) Risk issues

At the end of the visit, before the check-in deadline, the researchers must ring the safety check Buddy. The deadline is 15 minutes after the planned end of visit time. This allows the visit to run over if necessary. However, **always phone in when you finish the visit**.

Do not telephone from outside a service user's home, as this may raise suspicions.

- Visits should NOT be booked for Friday afternoons (from 1pm onwards).
- Also, to ensure that admin staff are able to leave work by 5pm please aim to schedule visits to be finished by 4.30pm. If this is not possible discuss with your Buddy to ensure they are available until 5pm.

The researchers should keep their mobile phone on during the whole visit; this could be on discrete/ vibrate.

In the event of wanting to report an emergency without raising the alarm of the service user, the researchers will ring the safety check Buddy and say **"tell Peter I'm going to be late"**. The Buddy would then ask the staff member "do you need help"; "do you need the police?" "Is it an emergency?" giving closed questions to which the staff member can respond using yes or no.

If the team member has not rung the safety check Buddy within half an hour of the appointment end time:

(1) The Buddy will text the team member for an update
(2) If there is no response after 15 minutes following the planned end of visit time, the Buddy should ring the team member on their mobile phone.
(3) If they do not answer, the Buddy should then ring the service user on their home phone or mobile.
(4) If there is still no answer then the safety check Buddy should ring Dr Peter Phiri or another senior member of staff. Options below may also be taken. In the event that no contact is available the police must be called on 999 and request immediate assistance at the service user's address.
(5) The Buddy should then contact the service user's CPN or Care Co-ordinator and inform them what is happening.

Additional Circumstances

No adequate risk assessment available

This may happen in certain circumstances when there is no up to date risk information on RiO and where you would normally contact the care co-ordinator before a visit, for example if you had not seen a service user for a couple of weeks, but you have not been able to speak to the care coordinator. You may have booked the visit in advance and find yourself deciding whether to go on the visit or cancel it because you have no up to date information from the care coordinator.

- If the service user is known to the study and/or there were no previous risk issues, one possibility is to go on the visit, inform your Buddy of the situation and ask them to telephone you after 10 minutes.
- Ask the Buddy to ask you how the visit is going.
- If you want to leave the visit, tell the safety check Buddy "I'll leave straight away".
- Tell the service user there is an emergency, make your apologies and leave.
- If you decide you are going to stay on the visit, tell your Buddy "I will phone you at the end of the visit".
- Apologize to the service user for the interruption.

Out of Hours Visiting

Researchers should not be arranging visits with service users out of office hours. Researchers should ensure that they arrange to visit a service user within working hours (9-5). If a service user has a job and can only be seen at home after work Line Managers should arrange to provide the Buddy safety checker cover during these visits.

2.4. The role of the escort

When a researcher is due to visit a service user whose risk assessment showed that it is unsafe for them to visit alone they will complete a joint visit and take along an escort. An escort may also be taken if the researcher is concerned in any way about the visit, or if there is no adequate up to date risk information available.

Risks may relate to the behaviour of the service user themselves, or could be relating to the environment you are entering, including any other people who may be present. In some cases the risks may be too high even for two people to visit, and in this situation an appointment at a community mental health centre or GPs surgery may be arranged.

Preparation
Prior to going on a visit as an escort you need to meet with the researcher to discuss the main concerns in the service user's risk assessment. It is important that the researcher share any information they have about the service user with you. This way, as far as possible, you will be aware of what to expect.

The two of you need to plan what you would do if a certain situation arose during the visit. You need to agree on any code phrases to use if you, as the escort, needs to communicate that you are feeling worried, or think you should leave. For example, "I have remembered that we need to be back at the office for that meeting, and have to leave right away."

Introductions to the service user
The researcher will introduce you to the service user and explain that you have come along to observe the session but not to join in. You may greet the service user in a friendly manner but the service user must understand that it is the researcher who has come to talk with them.

During the session
The main researcher will take the lead in the sessions. As an escort you are there to act as a neutral observer. It is important that you are aware of the environment and any other people around. The researcher is relying on you to spot any risks that they may not notice when speaking to the service user. You are expected to sit quietly during the session. Obviously the service user may ask you questions or refer to you, in which case you need to explain that it is the researcher who are there to talk to them today**.**

2.5. What to do if concerns are raised during a visit

INDICATION OF INTENT TO HARM SELF OR OTHERS
During a session a service user may indicate intent to harm themselves or others. Any information of this nature must be acted upon.

For administrative staff who receive a telephone call from a distressed service user who is expressing ideas of suicide or self-harm, the Crisis Response Procedure is available in Appendix D. If the service user is expressing an intention to harm someone else then the procedure below should be followed.

At the beginning of each session the service user should be informed that what is discussed during the session is confidential. However, if they indicate any current intention to harm themselves or others then their care co-ordinator and psychiatrist will need to be contacted.

If the service user indicates they are going to harm themselves then follow the procedure for Harm to Self or Others (see Appendix F)

If the service user is expressing an intention to harm someone else then ensure your personal safety. If you feel threatened in any way then leave immediately. Phone the service user's care co-ordinator, the duty officer, or the on call psychiatrist and explain the situation. Relevant professionals should also be made aware if you are not qualified to complete risk assessments (i.e.

you are a non-qualified member of staff). If you are concerned for the immediate safety of yourself or someone else then call the police.

Discuss any risk issues you have encountered during supervision. This should be a set agenda item for this at each supervision session. If in any doubt as to whether to raise a risk issue it is always best to raise it. It has been noted in Mental Health Services that poor communication is related to poor services.

INDICATION OF POTENTIAL HARM TO A CHILD

During a session a service user may provide information that would indicate that a child may be in danger. More specifically an individual may be named who the service user suggests committed abuse against children in the past or has the potential to do so in the present or the future. Indication a child may be in danger must be acted upon in the following manner:

Non-clinically qualified research staff: the obligation here is to communicate the information to a suitably qualified clinician i.e. the participants care coordinator or if you can not speak to the care coordinator the duty worker. It is advisable that you also contact your local clinical supervisor. For non-clinically qualified staff you are not required to ask follow up questions of the participant for further information.

Clinically qualified research staff: staff should follow local safeguarding procedures and professional guidelines.

Both clinically qualified and non-clinically qualified research staff must inform the service user that confidentiality needs to be broken and be encouraged, wherever possible, to work with the researcher to this end.

If the researcher is uncertain as to the appropriate course of action to take they should initially contact their local clinical supervisor.

	Responsibility	Undertaken by	Activity
1	R&D Office		
2			
3			

3. SUPPORTING MATERIAL and ATTACHMENTS

APPENDIX A: RISK ASSESSMENT CHECKLIST

This checklist or the appropriate equivalent for your study should be completed as far as possible prior to completing any visits with participants. The areas of risky behaviour identified below should be used as a basis for current risk assessment. Although any risky behaviour not identified below can be added to the current assessment and history.
Below are the prompts for each area of risk. Appendix E is a template form to record responses for each participants.

SELF-NEGLECT:
Note: Time-scale; nature/severity; duration; last period of self-neglect; how remedied; mental state

at the time.

Exploitation by others (sexual, financial, residential).

Accidental harm at home (falls, smoking, kitchen accidents).

Accidental harm outside home (wandering, driving while over-medicated).

Self-neglect (self-care, diet, over-sleeping). Any untreated physical illness.

Alcohol and/or drug misuse (what, how much, when, why, with whom).

ENVIRONMENTAL RISK:
Note: How applicable are any/all of following to service user also – incl. harassment of service user?

Means of communicating with colleagues while on visits.

Safe place for researcher to park and safe access to building (problem for service user also?).

Risk from animals (do. above).

Risk from relative/others (do. above).

Risks to service user from re-admission (boredom, aggressive patients, medication side-effects).

RELAPSE RISK:
Compliance with medication (past difficulties with medication, how resolved).

Previous withdrawal(s) from service (why disengaged, manner of withdrawal, consequences).

Early warning signs – detectable? (social withdrawal, mood change, avoidance, rumination).

Recent episode of relapse (within last 12 months).

Present stressors – inter-personal, material, physical, psychological.

Beliefs about diagnosis/disorder/relapse.

Alliance with researcher and/or service agency (mistrust, past ill-treatment of patient).

SELF-HARM:
Note: Nature; method (planning/concealment); severity; number of attempts; outcome of attempts; date (& most recent); mental state at time; family history

Overdose/self poisoning (how, when last, with what, outcomes).

Self-injury (self-cutting, swallowing items, off buildings/in traffic).

Plans of self-harm and suicide.

Thoughts of self-harm and suicide.

Command hallucinations

Exacerbation of physical illness – insulin misuse, removing dressings.

Alcohol and/or drug misuse (what, how much, when, why, with whom).

Previous hospitalisation for self-harm (what for, when, where, most recent).

If current suicidal ideation is reported when completing the risk assessment checklist with the care coordinator, the research assistant should ask the following questions:

- When was the last time they thought about suicide?
- How often do they think about suicide?
- Have they thought about methods?
- Do they have any plans?
- Have they made any preparations?
- Are there any known triggers?
- What is currently stopping them from taking their life / what are their protective factors?

HARM TO OTHERS:
Note: Victim(s): number of incidents & outcomes: dates (& most recent); mental state at time (especially elated, deluded, intoxicated)

Arson (as deliberate fire-setting), damage to property.

Incidents involving police (affray, nuisance).

Harm to children (annoyance, physical/sexual abuse). Other harm (specify – stalking, baiting).

Sexual assault (incl. touching/exposure).

Threats, thoughts, impulses, hallucinations, delusions which include potential harm.

Alcohol and/or drug misuse (what, how much, when, why, with whom).

Violence to family (elated, deluded, intoxicated, organic disorder, state victim/victims).

Violence to staff member(s), other patients, public, specific person (do. above).

Weapons used, alone/accompanied, planned/impulsive.

GENERAL INFORMATION

Does this person have a warning indicator on their case file?

Imprisonment/Equivalent: (Date & circumstances). Prison; Regional Secure Unit; Special Hospital; Secure/Locked Ward; Formal Admission.

On section 25: Community Supervision Order: (When listed & why).

On Probation Order

Key Information from Other Sources: (Friends, relatives, neighbours, GP, priest etc.)

APPENDIX B: TEMPLATE RISK ASSESSMENT FORM

Participant number:			
Date of birth:			
Service name:			
CC name:			
Date completed:		**RA initials**	

Self-Neglect
Environmental Risk
Relapse Risk
Self-Harm

Harm to Others
General Information

APPENDIX C: TEMPLATE SAFETY CHECK FORM

SAFETY CHECK FORM

Date			
Appointment Time (to-from)			
Check-in deadline			
Service user's Name			
Address			
Home Telephone Number		**Participant Mobile Number**	
CPN/Care Co-ordinator name		**Contact Number**	
CPN/CC Address			
	Name	**Work's Mobile**	**Personal Mobile**
Researcher 1			
	Make of Vehicle Registration Colour:		
Researcher 2			
	Make of Vehicle Registration Colour:		
Volunteers			
Any risk issues?			
In case of Emergency call INSERT NAME AND NUMBER OF SITE LEAD or your line manager.			

APPENDIX D: ADMINISTRATIVE STAFF - CRISIS RESPONSE PROCEDURE

To be used by staff when taking a telephone call or dealing face to face with a very distressed service user who is expressing ideas of suicide or self-harm.

1. *"I have to take certain details before I can go any further"*
2. Name of service user
3. Telephone number
4. *"Which researcher do you see?"*
5. *"When did you last see your researcher?"*

Where possible check the admin database to verify details and note address to pass on to CMHT if necessary.

6. *"Who is your care co-ordinator / psychiatrist?"*
7. *"Are you calling from your home telephone number now?"*

Note number if different from above:

8. *"Please wait a moment while I try and contact ……"* (researcher)

If researcher available, transfer call or (if presented in person) ask researcher to see service user.

If researcher not available say:

9. *"Unfortunately, I am unable to get in touch with …… at the moment. I will pass on the message that you called him/her as soon as possible. In the meantime, if you feel the need to talk to someone urgently the only thing I can suggest is that you contact your care co-ordinator or the A & E Crisis Service"*

10. Date and time of phone call/contact

Check the service user has the number for their care co-ordinator. If not, check in relevant Service Directory and give them the number. Alternatively, give them the phone number of A&E Crisis Service, also available in the Service Directory.

Subsequent actions by administrative staff:

Service user has number for either care co-ordinator or A&E Crisis Service **YES/NO**

Call made to care co-ordinator on service user's behalf **YES/NO**

(if so) **Information given to care co-ordinator:**

Researcher informed **YES/NO** **Date / Time**

Care co-ordinator informed **YES /NO** **Date / Time**

Incident recorded in case notes **YES/NO**

Administrative staff to sign and date

Signed: **Print name:** **Date:**

APPENDIX E: RISK ASSESSMENT: PROMPTS FOR USE DURING VISITS

For use with service user directly. Consider RELAPSE AND ENVIRONMENTAL RISKS throughout, also drugs and alcohol.

SELF-NEGLECT – Prompts

- Are you eating enough/the right kind of food?
- Do you drink enough during the day?
- Are you taking medication regularly?
- Do you wash/bathe regularly?
- Are you sleeping enough at night?
- Do you sleep mostly during the day?
- How often do you change your clothes?
- Do you have access to a launderette/washing machine?
- Do you need help cleaning your home?

SELF-HARM – Prompts

- Do you hope that things will turn out well?
- Do you get any pleasure out of life?
- Do you feel hopeful from day to day?
- Are you able to face each day?
- Do you see any point in it all?
- Do you ever despair about things?
- Do you feel that it is impossible to face the next day?
- Do you ever feel like a burden?
- Do you wish that it would all end?
- Do you wish you were dead?
- Have you had thoughts of ending your life/about how you would do that?
- Have you ever acted upon such impulses?
- Can you resist such thoughts/do anything to make them disappear?
- How likely are you to kill your self?
- Can you reassure me about your safety until the next time that I see you?
- What circumstances are likely to make things worse?
- Are you willing to call for help in a crisis – have you got a number you can phone?
- Is there any risk to other people?

If self-harming:

- Can you tell me a little bit more about the last time you self harmed?
- Can you tell me or show me where this was?
- Has this required medical attention?
- Have you been taking care of any wounds?

HARM TO OTHERS – Prompts

- What is the closest you have become to being violent?
- Have you ever hit/thrown something at your partner in a fight?
- Have you ever used force against anyone because you felt threatened by him/her?
- Have you ever hit/spanked a child (yours or anyone else's) hard enough so that she/he has been bruised/had to stay in bed/had to see a doctor?
- Have you ever been involved in a fight in a pub, or after drinking?
- Have you ever used a weapon like a stick, knife or gun?
- Did you ever get involved in fights at school?
- Have you ever been in trouble with the Police?
- Have you ever appeared in a Juvenile Court?
- Have you ever been arrested/convicted for a violent crime?
- What's the most violent thing you have ever done?

APPENDIX F: INDICATION OF INTENT TO HARM SELF OR OTHERS

During a session or other contact with the trial the service user may indicate an intention to harm themselves or others. Alternatively they may provide information to the effect that a child may be in danger. Any information of this nature must be acted upon.

At the beginning of each appointment the service user will be informed that what is discussed is private and confidential. However, if they indicate any current intention to harm themselves or others, or if they provide information to the effect that a child may be in danger, then the researcher has a legal duty to break confidentiality.

In the case that the individual indicates current intention to harm themselves or others the action taken would be to contact their care co-ordinator and / or psychiatrist. The immediacy of this action will obviously depend upon the time frame involved. If the individual reports that they intend to harm themselves or others within the **next 48 hours** immediate action should be taken and the session should immediately change focus to the imminent threat. However if the individual reports that they intend to act on their thoughts in a few days, or longer, action by the researcher may involve continuing with the session in light of the information discussed, reviewing how they are feeling at the end of the session and calling the care-coordinator / psychiatrist following this.

In either eventuality the service user will be informed that confidentiality needs to be broken and, if at all possible, will be encouraged to work in collaboration with the therapist to this end.

Unless there are circumstances that would contraindicate, the service user should be informed that this action is to be taken.

If this scenario occurs during a face to face contact the individual may be given the option of phoning the care co-ordinator themselves in the presence of the researcher or staying in the room whilst a call is made. Alternatively the individual may choose to wait in a safe place such as an adjoining room. Based upon the telephone discussion the researcher will act on any part of the action plan generated that involves action on their part.

In the eventuality that the care co-ordinator and psychiatrist are not contactable a call should be made within the hours of 9am – 5pm Monday to Friday to the Duty researcher for the appropriate Community Mental Health Team/Early Intervention Team/Assertive Outreach Team/Inpatient Team. Outside of these hours a call should be made to A&E. Details are listed in Appendix K. Once again the researcher will act on any action plan agreed. This may involve faxing information over to A&E, accompanying the individual to A&E etc.

If the scenario occurs during a telephone contact the individual will be informed that confidentiality will need to be breached. The same plan as above will be implemented however, as the researcher will not have any greater contact with the individual than the care co-ordinator / psychiatrist / duty officer, their role in any action plans will reflect this. The individual should be called back to feedback what has occurred since the session.

If the researcher is uncertain as to the appropriate course of action to take they should initially contact their clinical supervisor. If the clinical supervisor is unavailable the flow diagram of contacts found on page 26/27 should be followed.

In the unlikely event that all avenues are exhausted the researcher should follow the previously outlined plan (commencing with contacting the Care Coordinator).

If the service user is currently harming him or herself or has done so recently, and there is a need for medical attention, it would be important to negotiate with the service user that they attend hospital or that they allow an ambulance to be called. The mental health team or duty psychiatrist would ensure that anyone refusing medical attention was assessed under the Mental Health Act. A decision regarding the need for a compulsory admission to hospital will then be made by an approved social researcher in accordance with the Mental Health Act 1983.

If the service user or someone else has committed a crime then it may be necessary to phone the police as soon as possible.

Ensure that you record all information and actions taken, including telephone calls and discussions with your project lead/clinical supervisor, in the service user's file.

Factors to consider if a service user expresses harm to self or others

If a service user you are working with expresses ideas of harm to self or others these are important factors to consider and pass on.

- Ideation (frequency, intensity, duration, triggers)
- Plans/intent
- Access to means to carry out plans
- Timeframe
- Protective factors
- Access to support/isolation
- Hopelessness
- Drug or alcohol use
- Command hallucinations and perceived power or control over voices

Any concerns you have should be discussed with your project lead as soon as possible. If your project lead is unavailable contact your clinical supervisor.

Flowchart of Contacts for service users with intent to harm others

Read in relation to Trust policy Lone Working Procedures v2, Section 5.6 Escalation Procedure

Service user expresses imminent harm to others

↓

ENSURE OWN SAFETY - LEAVE IF FEEL THREATENED

↙ ↓

Call supervisor

Call Care Coordinator

If no answer

↓

Call Duty worker at Team

If no answer

↓

Call GP

If not available

↓

Call
Project Lead
If not available

↓

Call Peter Phiri

↓

IF UNSURE OF IMMEDIATE SAFTEY PHONE POLICE

Flowchart of Contacts for service users with Imminent Suicidal Intent

Service user expresses imminent suicidal intent

Call supervisor

Where possible do not leave the service user alone

Call Care Coordinator

If no answer

Call Duty Researcher at Team

If no answer

Call GP

If not available

Call Project Lead

If not available

Call Peter Phiri

If not available

Accompany to A&E

APPENDIX G: SAFE WORKING PRACTICES - DECLARATION

I confirm that I have read the document entitled Research and Development Safe Working Practices and will follow this policy whilst working as part of the Research and Development Department in Southern Health NHS Foundation Trust.

Date last updated (see page 1) of version read: _____

Signed: _____

Print name: _____

Date: _____

4. TRAINING

- All staff must have completed conflict resolution training and breakaway training before completing lone home visits with patients
- All staff must complete local risk and lone working training with their line manager before completing lone home visits with patients
- All staff must have been signed off by their line manager on the safety check contact details log before completing lone home visits with patients